

Rec'd PCT/PTO 09 NOV 2005  
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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0036

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	PCT/CA2003/001079
Filing Date	July 16, 2003
First Named Inventor	Lucie Germain et al
Title	METHOD FOR PREPARING ENGINEERED TISSUE
Art Unit	
Examiner Name	
Attorney Docket Number	JG-SB-5208/500699.20002/wfs

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer  
Number:

026418

☐ OR  
Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

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☐ Firm or

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Charles Roberge</i>	Date	3 October 2005
Name	CHARLES ROBERGE	Telephone	(48) 692-7568
Title and Company			

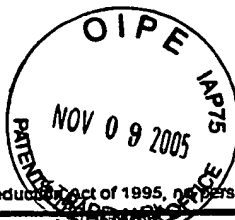
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ Total of 4 forms are submitted.

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Application Number	PCT/CA2003/001079
Filing Date	July 16, 2003
First Named Inventor	Lucie Germain et al
Title	METHOD FOR PREPARING ENGINEERED TISSUE
Art Unit	
Examiner Name	
Attorney Docket Number	JG-SB-5208/500699.20002/wfs

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City

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	15/09/2005
Name	FRANÇOIS AUGER	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

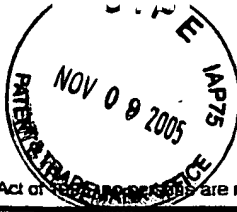
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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	PCT/CA2003/001079
Filing Date	July 16, 2003
First Named Inventor	LUCIE GERMAIN ET AL
Title	METHOD FOR PREPARING ENGINEERED TISSUE
Art Unit	
Examiner Name	
Attorney Docket Number	JG-SB-5208/500699.20002/wfs

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☒ Practitioners associated with the Customer  
Number:

026418

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## **SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Lucie Germain</i>	Date	25 September 2003
Name	LUCIE GERMAIN	Telephone	448-682-7696
Title and Company			

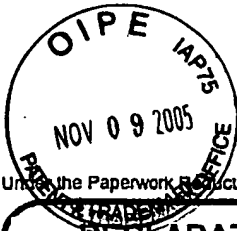
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Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))

Attorney Docket Number	JG-SB-5208/500699.20002/wfs
First Named Inventor	Lucie Germain et al
COMPLETE IF KNOWN	
Application Number	PCT/CA2003/001079
Filing Date	July 16, 2003
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR PREPARING ENGINEERED TISSUE**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **July 16, 2003** as United States Application Number or PCT International

Application Number **PCT/CA2003/001079** and was amended on (MM/DD/YYYY) **January 18, 2005** (if

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the

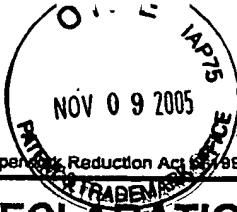
Prior Foreign Application Number(s)	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

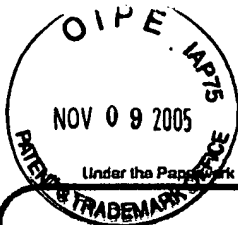
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer <span style="border: 1px solid black; padding: 2px;">026418</span> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone		Fax
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>LUCIE</u>		Family Name or Surname <u>GERMAIN</u>	
Inventor's Signature 			Date <u>15 September 2005</u>
Residence: City <u>ST-AUGUSTIN-DE-DEMAURES</u>	State <u>QX</u> Québec	Country Canada	Citizenship Canadian
Mailing Address 232 rue du Trèfle			
City St-Augustin-de-Demaures	State Québec	ZIP G3A 1H8	Country Canada
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>FRANÇOIS</u>		Family Name or Surname <u>AUGER</u>	
Inventor's Signature 			Date <u>15/09/2005</u>
Residence: City <u>SILLERY</u>	State <u>QX</u> Québec	Country Canada	Citizenship Canadian
Mailing Address 1336 rue Duquet			
City Sillery	State Québec	ZIP G1S 1A9	Country Canada
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR are attached			



# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

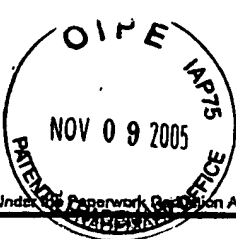
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
FRANÇOIS		BERGERON	
Inventor's Signature			Date
Residence: City	TRIOIS RIVIERES SAINTE-FOY	State Québec	Country Canada Citizenship Canadian
Mailing Address	CIX		
Mailing Address	2051 rue Richer, app 12 625 ST GEORGES		
City	TRIOIS RIVIERES Sainte-Foy	State Québec	ZIP G9A 2K9 GIV 1P5 Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CHARLES		ROBERGE	
Inventor's Signature			Date 3 octobre 2005
Residence: City	Sillery	State Québec	Country Canada Citizenship Canadian
Mailing Address			
Mailing Address	2144 Dixon DICKSON		
City	Sillery	State Québec	ZIP G1T 1C9 Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP Country

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
FRANÇOIS		BERGERON	
Inventor's Signature			Date
Residence: City	SAINTE-FOY	State Québec	Country Canada
Citizenship Canadian			
Mailing Address			
Mailing Address 2051 rue Richer, app 12			
City	Sainte-Foy	State Québec	ZIP G1V 1P5
Country Canada			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
CHARLES		ROBERGE	
Inventor's Signature	<i>Charles Roberge</i>		Date 3 October 2005
Residence: City	Sillery	State Québec	Country Canada
Citizenship Canadian			
Mailing Address			
Mailing Address 2144 Dixon DICKSON			
City	Sillery	State Québec	ZIP G1T 1C9
Country Canada			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
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Citizenship			
Mailing Address			
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